in AMD patients versus € 1,287 in controls. Of the €12,156 per AMD patient, 9% were AMD drug costs, 14% were direct vision-related medical costs, 9 % were direct other medical costs, and 68% were non-medical costs. **CONCLUSION:** In Germany, bilateral AMD patients reported substantially worse quality of life, poorer vision-related functioning, and higher economic burden compared to controls without AMD. AMD poses significant emotional and financial burdens to the society.

MC6

HOW DO THE SCORES OF GENERIC HRQOL INSTRUMENTS REFLECT THE DIRECT TTO VALUATIONS OF OWN HEALTH BY GENERAL POPULATION?

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OBJECTIVES: To find out how the average HRQoL scores produced by the generic instruments 15D, HUI3, EQ-5D (with UK and US TTO valuations), AQoL and SF-6D in different age/gender groups of the general population reflect the direct TTO valuations of own health in these groups. To be valid for QALY calculations, the scores should reflect a true trade-off between quality and length of life. At least theoretically, TTO valuations of own health should do that. **METHODS:** Population survey with a representative sample from 16 age/gender groups (n = 250 per group, 17–24, 25–34, . . . , 85+ years). The trade-offs between length and quality of life implicit in the average scores produced by the instruments in these groups in population surveys were made explicit. The respondents in each group chose between the number of years implied by different instruments that the respondents on average should be willing to give up for full health or indicated their own preferred number or unwillingness to trade-off. **RESULTS:** The average 15D scores were almost identical with the average TTO valuations up to the age of 75, but thereafter lower. The HUI3 scores were second and EQ-5D US third closest, whereas the scores of other instruments were much lower. The SF-6D and AQoL scores were particularly low in comparison to others in younger age groups (up to the age of 65), SF-6D and EQ-5D UK scores in older age groups, and the EQ-5D UK scores especially the oldest age group (85+). **CONCLUSION:** To the extent that TTO valuations of own health are valid, the 15D scores are most valid for QALY calculations. The scores of other instruments (apart from HUI3 and EQ-5D US) are much lower and the gap tends to widen with increasing age thus rendering their validity in QALY calculations questionable.

MC7

TRANSLATION AND VALIDATION OF NEW LANGUAGE VERSIONS OF THE ANKYLOSING SPONDYLITIS QUALITY OF LIFE (ASQOL) QUESTIONNAIRE

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OBJECTIVES: The Ankylosing Spondylitis Quality of Life (ASQoL) questionnaire is a unidimensional, disease-specific measure of needs-based QoL developed in the UK and The Netherlands. This study describes the adaptation of the scale into several additional country languages. **METHODS:** The ASQoL was translated into US-English, Canadian-French and English, French, German, Italian, Spanish and Swedish by dual-panel methods. Cognitive debriefing interviews were conducted with AS patients. Psychometric/scaling properties were assessed using blinded data from two randomized, double-blind, Phase III studies of adalimumab. Baseline and Week-2 data assessed test-retest reliability. Validity was determined by correlation of ASQoL with SF-36 and Bath AS Functional Index (BASFI) and by discriminative ability of ASQoL based on disease severity. Item response theory (Rasch model) tested the ASQoL's scaling properties. **RESULTS:** Cognitive debriefing showed the new language versions of ASQoL to be clear, relevant and comprehensive. Clinical study sample sizes varied by country. They were sufficient for psychometric/scaling assessment in US-English (n = 148; 75%M; mean age 44.7/SD:12.5) and Canadian-English (n = 66; 77.3%M; mean age 39.8/SD:10.5), sufficient for psychometric but not scaling analyses for German (n = 37; 70.3%M; mean age 41.9/SD:11.8) and sufficient for preliminary evidence of these properties for the remaining languages. Test-retest reliability and Cronbach's alpha coefficients were high: US-English (0.85, 0.85), Canadian-English (0.87, 0.86), and German (0.77, 0.79). Correlations of ASQoL with SF 36 and with BASFI in these three languages were moderate. US-English, Canadian-English, and German measures were able to discriminate between patients based on their perceived disease severity (p < 0.01). Comparable results were obtained for the additional languages. US-English and Canadian-English exhibited fit to the Rasch model as indicated by non-significant χ^2 p-values (US = 0.54, Canadian-English = 0.68), confirming unidimensionality. **CONCLUSIONS:** The ASQoL was successfully translated into all languages and was subsequently acceptable to local patients. Psychometric properties are excellent for US-English, Canadian-English, and German and extremely promising for other languages.

MC8

THE COST-EFFECTIVENESS OF SMOKING CESSATION INTERVENTIONS: ACCOUNTING FOR MEDICAL COSTS IN LONGER LIFE EXPECTANCIES

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OBJECTIVES: Smoking cessation gains health and generates savings in health care costs due to reduced incidence in smoking related diseases, but these savings maybe outweighed by the medical spending in life years gained. In a cost-effectiveness analysis from the health care perspective, not only the intervention costs, but all effects on health care costs should be included, which is rarely done. The current study evaluated tobacco tax increases, mass media campaigns, minimal counseling, structured GP-support, telephone counseling, nicotine replacement therapy with minimal and intensive counseling, and bupropion with intensive counseling. **METHODS:** To estimate costs per (quality adjusted) life year gained, a dynamic population model was used to project health gains and effects on health care costs. Sensitivity analyses were performed for variations in costs, effects, time horizon, program size and discount rates. The estimates included effects on all health care costs. **RESULTS:** Tax increases resulted in costs per QALY around 5000. Costs per QALY for mass media campaigns were below 10,000 for a broad range of effects, while for individual cessation support they varied from about 9000 for GP support to 21,000 for telephone counseling. Evaluating interventions with the same model improved comparability. However, comparison of interventions still proved difficult, because interventions are combined in practice. With that reservation tax increases provided most value for money. **CONCLUSIONS:** Cost-effectiveness rates for most interventions compared to current practice were quite favourable even accounting for increased medical costs from longer life expectancies.